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**\*BIBDATASHEET\*****CONFIRMATION NO. 5945**

Bib Data Sheet

SERIAL NUMBER 09/523,912	FILING DATE 03/09/2000  RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 3896-006
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APPLICANTS

Raymond W. Cohen, Orange, CA;  
 Dongping Lin, Irvine, CA;  
 Mike Norton, Riverside, CA; Patrick Bradley, Corona del Mar, CA;  
 Gary Mezack, Norco, CA;  
 David Clark, Irvine, CA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/12/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
 Examiner's Signature: *Matthew* Initials: *MB*

ADDRESS  
 22440  
 GOTTLIEB RACKMAN & REISMAN PC  
 270 MADISON AVENUE  
 8TH FLOOR  
 NEW YORK, NY  
 100160601

TITLE  
 Automatic defibrillator module for integration with standard patient monitoring equipment

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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